

AUTHORIZATION FORM

The Simply Giving Program
 endorsed by

 Thrivent Federal Credit Union

Name of the organization: _____

| FOR OFFICE USE ONLY | ENVELOPE/DONOR # | DATE |
|--|------------------|--|
| Effective date of authorization: ____/____/____ | | |
| Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date | | |
| Last Name | | First Name |
| Address | | |
| City | | State |
| Email Address | | Zip |
| DATE OF FIRST DONATION: ____/____/____ | | |
| FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th | | |
| FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____ | | |
| AMOUNTS: _____ \$ _____ _____ \$ _____ Total \$ _____ | | |
| Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below) | | |
| I authorize the above organization to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization. | | Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 |
| Authorized Signature: _____ | | Account Number: _____ Check Number: _____ |
| Date: _____ | | |

If using a checking account, please attach a voided check at the bottom of this page.